

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-020402

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

318
1003
FILED MAY 23 1962

4814

VS 300
Rev. 4/59

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DATE AMENDED
4/2

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		c. CITY OR TOWN St. Louis	
Length of stay in lb 5 Yrs.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 6452 W. Park Ave.		d. STREET ADDRESS (If outside, give location) 6452 W. Park Ave.	
3. NAME OF DECEASED (Type or print) First ROSE Middle M. Last FRICK		4. DATE OF DEATH Month May Day 9 Year 1962	
5. SEX Female	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 9-3-1893
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Custodian		10b. KIND OF BUSINESS OR INDUSTRY St. Louis Zoo	11. BIRTHPLACE (City and state or country) Chicago, Ill.
13a. FATHER'S NAME Unknown Wolff		13b. MOTHER'S MAIDEN NAME Augusta Ziel	14. NAME OF HUSBAND OR WIFE Fred Frick
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		17. INFORMANT Mr. Fred Frick, Address above	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute MYOCARDIAL FAILURE			INTERVAL BETWEEN ONSET AND DEATH 1 hr
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) RHEUMATIC HEART DISEASE			104 yrs
DUE TO (c) ATRIAL FIBRILLATION and CARDIAC CIRRHOSIS 2 yrs			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4/6 x			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from NOV. 1958 to MAY 9, 1962 and last saw her alive on MAY 8, 1962 Death occurred at 4:00 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE John Carrier (Degree or title) M.D.		22b. ADDRESS 1101 Hampton Ave. St. Louis, Mo.	
22c. DATE SIGNED 5-11-62			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 5-12-62	23c. NAME OF CEMETERY OR CREMATORY SS. Peter + Paul Cemetery	
23d. LOCATION (City, town, or county) St. Louis Co., Mo.		23e. DATE RECD. BY LOCAL REG. MAY 11 1962	
24. FUNERAL DIRECTOR JAY B. SMITH, Maplewood, Mo.		25. DATE RECD. BY LOCAL REG. Head Smith, M.D.	

USE BLACK INK
OR
TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Melvin Bartram

Licensed Embalmer No.

4903

P. O. Address

St Louis 17

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.